



**ACCESSIBILITY WORKSHEET  
FOR EXISTING NONRESIDENTIAL BUILDINGS**

Job Address \_\_\_\_\_ Date \_\_\_\_\_  
Project Name \_\_\_\_\_ Application No. \_\_\_\_\_  
\_\_\_\_\_ CBC Occupancy Group \_\_\_\_\_  
Owner \_\_\_\_\_ Architect \_\_\_\_\_

1. **Total Adjusted Construction Cost of Construction:** \$ \_\_\_\_\_ [valuation]

The **Total Adjusted Construction Cost of Construction** is the project valuation as verified by the Chief Building Official. New work that requires accessible features shall be included in the project valuation per the 2016 CBC, Chapter 11B, Division 2, Section 11B-202.

2. Adjusted Construction Cost of any alterations to this building within the previous three years: \$ \_\_\_\_\_
3. Accumulative Total Adjusted Construction Cost of Construction (add costs in 1 and 2 above):  
\$ \_\_\_\_\_
4. Current Valuation Threshold: \$156,162.00 (as of January 1, 2017).
5. When the Total Adjusted Construction Cost of Construction (item 3 above) exceeds the Current Valuation Threshold (item 4 above) complete compliance is required. Provide construction documents for the building and site that show complete compliance.
6. When the Total Adjusted Construction Cost of Construction (item 3 above) does not exceed the Current Valuation Threshold (item 4 above), removal of architectural barriers shall be preformed in the order required by 2016 CBC, Chapter 11B, Division 2, Section 11B-202, beginning at the area of alteration. Provide construction documents that clearly show the improvements proposed and the features currently in compliance. Include a cost analysis listing the required 20% to be applied; with the itemized cost of the improvements accordingly.

2016 CBC, Chapter 11B, Division 2, Section 11B-202 explains the requirements for upgrading existing building accessibility issue. These issues are only the California Title 24 Building Code requirements. The American Disability Act [ADA] requires that property owners and business owners comply with current code without jurisdictional notification. The Building Department within the City Of Lincoln will be able to address your individual needs and answer your questions.

Signature: \_\_\_\_\_



## Suggested Cost Analysis

Fill in **COSTS** column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals or exceeds the amount referenced in item 6 above (20% of valuation). The cost table shall be reviewed and approved by the Building Division.

Amount from item 6 of the worksheet \$ \_\_\_\_\_

<b>1 F/P</b>	<b>AN ACCESSIBLE ENTRANCE</b>	<b>COSTS</b>
	<b>Door</b>	
	<b>A. Threshold</b>	
	<b>B. Hardware</b>	
	<b>C. Kick plate</b>	
	<b>D. Maneuvering and Strike-side clearance</b>	
	<b>E. Auto Closer</b>	
	<b>F. International Symbol of Accessibility at building entrance</b>	
	<b>G. Tactile Exit Sign</b>	
	<b>H. Other</b>	
	<b>Subtotal</b>	<b>\$</b>
<b>2 F/P</b>	<b>AN ACCESSIBLE ROUTE TO THE ALTERED AREA</b>	
	<b>A. Ramps/Handrails Landing</b>	
	<b>B. Stairs/Handrails/Landing</b>	
	<b>C. Elevators/Lifts</b>	
	<b>Exit Doors</b>	
	<b>A. Change out door</b>	
	<b>B. Threshold</b>	
	<b>C. Elevators</b>	
	<b>D. Hardware</b>	
	<b>D. Kick plate</b>	
	<b>E. Strike-side clearance</b>	
	<b>F. Signs and Identification (Braille)</b>	
	<b>G. Other</b>	
	<b>Subtotal</b>	<b>\$</b>
<b>3 F/P</b>	<b>AT LEAST ONE ACCESSSSIBLE RESTROOM FOR EACH SEX</b>	
	<b>A. Enlarge restroom</b>	
	<b>B. Enlarge door(s)</b>	
	<b>C. Strike-side clearance</b>	

	<b>D. Door symbols</b>	
	<b>E. Signs and Identification (Braille)</b>	
	<b>F. Replacement or Relocate plumbing fixtures (specify)</b>	
	<b>G. Grab bars (bars and backing)</b>	
	<b>H. Other</b>	
	<b>Subtotal</b>	<b>\$</b>
<b>4 F/P</b>	<b>ACCESSIBLE TELEPHONE</b>	
	<b>A. Retrofit Existing</b>	
	<b>B. Additional for Compliance</b>	
	<b>C. Other</b>	
	<b>Subtotal</b>	<b>\$</b>
<b>5 F/P</b>	<b>ACCESSIBLE DRINKING FOUNTAINS; AND</b>	
	<b>A. Replace drinking fountain</b>	
	<b>B. Relocate existing drinking fountain</b>	
	<b>C. Provide alcove</b>	
	<b>D. Add wing walls and/or floor treatment</b>	
	<b>E. Other</b>	
	<b>Subtotal</b>	<b>\$</b>
<b>6 F/P</b>	<b>WHEN POSSIBLE, ADDITIONAL ACCESSIBLE ELEMENTS SUCH AS PARKINNG, STORAGE AND ALARMS.</b>	
	<b>A. Provide Accessible Parking Stall(s)</b>	
	<b>B. Access From Accessible Parking Stall(s)</b>	
	<b>C. Accessible Parking Access Aisles</b>	
	<b>D. Accessible Route To All Entrance &amp; Exits</b>	
	<b>E. Access From Public Way</b>	
	<b>F. Detectable Warnings</b>	
	<b>G. Curb Ramps</b>	
	<b>H. Ramps</b>	
	<b>I. Stairs</b>	
	<b>J. Other</b>	
	<b>Subtotal</b>	<b>\$</b>

**F=Full compliance**

**P=Partial compliance**

Item #	Descriptions	Subtotals
<b>1</b>	<b>PRIMARY ENTRANCE TO REMODELED AREA</b>	
<b>2</b>	<b>PATH OF TRAVEL</b>	
<b>3</b>	<b>RESTROOMS SERVING REMODELED AREA</b>	
<b>4</b>	<b>PUBLIC TELEPHONES</b>	
<b>5</b>	<b>DRINKING FOUNTAINS</b>	
<b>6</b>	<b>SITE</b>	
	<b>GRAND TOTAL</b>	<b>\$</b>

